

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **43334**

FILED JAN 8 1951

BIRTH NO. _____		REG. DIST. NO. 347		PRIMARY REG. DIST. NO. 6165		Registrar's No. 67	
1. PLACE OF DEATH a. COUNTY Stone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Iowa b. COUNTY Harding 914			
b. CITY (If outside corporate limits, write RURAL and give township) Hurley		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Union		8	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) W.		b. (Middle) IO.		c. (Last) Sibbs	
4. DATE OF DEATH		(Month) Dec		(Day) 14		(Year) 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 11-1882	
9. AGE (In years last birthday) 68		If UNDER 1 YEAR Months 9 Days 3		If UNDER 1 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME John W Sibbs		13b. MOTHER'S MAIDEN NAME Sarah J. Williams		14. NAME OF HUSBAND OR WIFE Christina Sibbs			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 484-01-3380		17. INFORMANT'S SIGNATURE OR NAME Mrs W.D. Sibbs ADDRESS Hurley mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. - It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ischemic heart disease ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) x Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 3 31X				INTERVAL BETWEEN ONSET AND DEATH Heart Gen.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 10, 1950 , to Dec 14, 1950 , that I last saw the deceased alive on Dec 10, 1950 , and that death occurred at 6:00A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) A. P. Capito M.D.		23b. ADDRESS Amara, Mo		23c. DATE SIGNED 12-14-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/14/50		24c. NAME OF CEMETERY OR CREMATORY Union Iowa		24d. LOCATION (City, town, or county) (State) Union Iowa	
DATE REC'D BY LOCAL REG. Dec 14 50		REGISTRAR'S SIGNATURE Lena Murray Depo		25. FUNERAL DIRECTOR'S SIGNATURE Shay & Manlove		ADDRESS Clone mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1040
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JAN 5 1951

Dist. File 157-60

Date Filed 1-6-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, only

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed George H. Mauler

Licensed Embalmer No. 3827

P. O. Address Clare mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.